

# NEED FOR EVIDENCE BASED MEDICINE IN GYNAECOLOGY AND OBSTETRICS

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The practice of medicine into the 16<sup>th</sup> century was based largely on the teachings of Greek Physician Galwn, whose pronouncements were embraced without apparent question for centuries. The 17th centuries saw some questioning of authority on which medical practice was based. Not until the Nineteenth and twentieth centuries, however, questioning of traditional medical authorities led to major advances. A great step was taken during 1865 when Claude Bernad, a French Physiologist, described experimental reasoning in this text. An introduction to study of experimental medicine. This was followed in 1937 with a classic text by Bradford Hill describing the use of statistical methods for clinical research. Randomized controlled trials conducted in early to mid twentieth century clearly indicated the value of basing medical practice based on observations and experiments. Once the value of scientific inquiry as the basis for clinical practice was established. Cochrane<sup>1</sup> argued for an ongoing assessment of the effectiveness of available treatments and services in part as a matter of social justice. He was concerned that the limited resources for health care in United Kingdom be efficiently used for effective treatments thereby enhancing the likely hood that effective treatments would be more widely available.

Using Cochrane criteria for evaluation of effectiveness and efficiency in clinical practice a lot of randomized controlled trials were conducted and these contributed heavily to what is today termed evidence based medicine.

The conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients is called evidence based medical practice<sup>2</sup>.

The terms conscientious and judicious emphasize the need for individualized care. By this definition, evidence based medicine is practiced when clinical expertise is integrated with the best available evidence from a systemic search of relevant literature.

The need for evidence based medicine is apparent in Obstetrics and Gynaecology. Our history includes bloodletting as standard treatment of eclampsia into

the twentieth century and the persistence of the practice of routine episiotomy to the present despite the lack of evidence supporting the practice<sup>3</sup>.

The rapid incorporation of unproven technologies into widespread use has a major effect on the practice of Gynaecology and Obstetrics<sup>4</sup>.

The practice of evidence based medicine places a low value on authority and a high value on evidence in decision making about new medical therapies or technologies. Evidence based medicine discourages reliance on dogma and encourages medical education based not only on understanding of pathophysiology and clinical insights of faculty but also on acquiring skills necessary to critically appraise evidence and integrate it with clinical expertise. Otherwise, despite of best intentions even a minor change in health care system can result in a disaster. For example during 1942-1954 more than 10,000 children worldwide were blinded by giving high concentration oxygen to improve survival of premature infants as a consequence of retrolental fibroplasia<sup>5</sup>.

Hanyne's et al<sup>6</sup> proposed a model for clinical decision making that integrate clinical expertise, research evidence and patient preference. Depending on the circumstances one component may play a greater role than others in decision making, but ideally all three components are brought into effectiveness. The clinical expertise component ensures that the best available evidence is applied to the individual clinical circumstances. It precludes "Mindless application of rule and guidelines".

A busy obstetrician / gynaecologist has three choices in evaluating available evidence and incorporating that evidence into practice.

1. Practicing evidence based medicine independently.
2. Using evidence based medical summaries developed by others.
3. Using evidence based protocols developed by others.

Using any of the choice should also be followed according to the rules and guidelines so that one

critically appraises the evidence after searching for it and applies it considering the values and preference of each patient.

Do we really need to practice Gynaecology and obstetrics in such a way is the question, which is best answered by Grime<sup>7</sup>. Excellent medical practice should be inspired by love and guided by science. Both are essential, if clinician practices scientific medicine without compassion. He or she becomes an auto man on the other hand, if a clinician is compassionate but unscientific, he or she may be as dangerous as a well intended parent feeding chicken noodle soup to a child with meningitis. Evidence based medicine is not only well intended but it is also well directed.

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